## APPENDIX A: Minutes of the Interim Meeting of the DoD P&T Committee, 26 Jan 00, Concerning Identification of Drugs for the Advances in Medical Practice (AMP) Program

NOTE: After this interim meeting and at the request of AMP program officials, the P&T committee co-chairs subsequently recommended more drugs for coverage by the AMP program. See Appendix B for the consolidated list of all drugs recommended by the DoD P&T Committee for coverage under the AMP program.

## Department of Defense Pharmacoeconomic Center

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MCCS-GPE

26 January 2000

MEMORANDUM FOR Assistant Secretary of Defense (Health Affairs)

SUBJECT: Minutes of an Interim Meeting of the Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Committee—Advances in Medical Practice (AMP) Program

- 1. In accordance with Health Affairs policy 98-025, an interim meeting of the DoD P&T Committee convened via teleconference at 1300 on 26 January 2000. The purpose of this meeting was to identify new drug usage that should be supported by Advances in Medical Practice (AMP) funds.
- 2. MEMBERS Participating in the Teleconference:

COL Daniel D. Remund, MS

CDR Terrance Egland, MC

COL Rosa Stith, MC

Army

LTC Judith O'Connor, MC

Danielle Doyle

LCDR Kevin Cook, MSC

LTC John R. Downs, MC

Co-chairman

Co-chairman

Army

Arm

MAJ George Jones, BSC Air Force CDR Robert W. Rist Coast Guard

COL Daniel D. Remund voted as proxy for CDR Matt Nutaitis. COL (select) Bill Sykora was absent.

3. OTHERS Participating in the Teleconference:

COL W. Michael Heath Pharmacy Consultant, USA

COL Ardis Meier Associate Chief, BSC for Pharmacy, USAF

CAPT Greg Hall Director, Pharmacy Department, Portsmouth Naval

Hospital

## 4. NEW BUSINESS

- A. The AMP funds allocated for MTF pharmacies are intended to provide "seed money" to help MTFs purchase new drugs that are clinically beneficial, but which MTF pharmacies tend not to provide to patients because of insufficient funding. The plan is to use AMP money to support the usage of certain new drugs for the first year or two until funds can be programmed into the MTF budget "base" to support ongoing use of the drugs. The DoD Pharmacy Board of Directors is working with resource managers to design a mechanism to reimburse MTFs for their usage of drugs covered by the AMP program.
- B. Based on recommendations provided by the PEC, the Committee recommends that AMP funds should be used to completely reimburse MTFs for FY 00 usage of the following drugs:
  - 1. Etanercept (Enbrel)
  - 2. Infliximab (Remicade)
  - 3. Leflunomide (Arava)
  - 4. Oral ribavirin / interferon alfa-2b combination (Rebetron)
  - 5. Palivizumab (Synagis)
  - 6. Coagulation Factor VIIa (Recombinant) (NovoSeven)

[Note: The Committee did **NOT** add these drugs to the Basic Core Formulary (BCF).]

- C. Based on recommendations provided by the PEC, the Committee recommends that AMP funds should be used to reimburse MTFs for their FY 00 usage of COX-2 inhibitors as outlined below:
  - Use AMP funds to reimburse MTFs for 50% of their expenditures for COX-2 inhibitors. The
    reimbursement would occur regardless of the status of COX-2 inhibitors on the MTF
    formulary. [Note: The 50% reimbursement rate provides a financial incentive for MTFs to
    target the use of COX-2 inhibitors to patients who are increased risk for gastrointestinal
    problems secondary to NSAID use.]
  - 2. Do not add a COX-2 inhibitor to the BCF.
  - 3. Do not stipulate on the BCF that MTFs must have a COX-2 inhibitor on their formularies. Each MTF decides for itself whether to have a COX-2 inhibitor(s) on the MTF formulary.
  - 4. Require MTFs to use prescribing guidelines, prior authorization, or other means to target the use of COX-2 inhibitors to patients who are at increased risk for GI problems secondary to NSAID use.

- 5. Pursue pricing agreements that are based on the status of COX-2 inhibitors on the MTF formulary.
- 6. Any new COX-2 inhibitor will be considered for addition to the list of drugs covered by AMP funds.
- D. The PEC will provide cost projections for the drugs covered by the AMP program to the DoD Pharmacy Board of Directors and the AMP program managers.
- 5. ADJOURNMENT: The meeting adjourned at 1445 hours.

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DANIEL D. REMUND COL, MS, USA Co-chair TERRANCE EGLAND CDR, MC, USN Co-chair